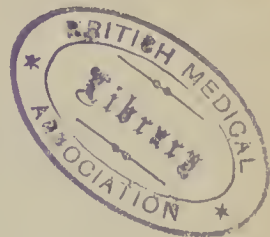


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1921

EAST SUFFOLK COUNTY EDUCATION COMMITTEE



The Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I present the Annual Report of your School Medical Officer for 1921. According to your instructions the report is brief, but I propose to send also to the Board copies of professionally valuable reports by my Assistants Drs. Atkinson and Boul on Eyesight and Rickets respectively.

I take the opportunity of assuring you that you have an animated School Medical Service - professional and clerical - so harmoniously and efficiently working together and with the School Attendance Department that the individual staff are proud of giving their best services. In this connection I think it not invidious to bring to your notice specially the name of Mr. R. R. Leewood, Head Clerk of the Department, to whose tact and energy the state of things is largely due.

Your obedient servant,

GEORGE I. F. STEWART.

Special Note. Numbers appearing at intervals in the Report are the numbered paragraphs on subjects sufficiently dealt with in my Report for 1920, to which reference can be made.

1. Staff. Vide 1920 Report 1.

Medical-change - Miss Sheila Bridgeford M.B., Ch.B., D.P.H. appointed 1.10.21, vice Mrs. Winifred Taylor M.B., Ch. B. resigned 17.6.21.

Dental - additional Mr. W. E. Parlane L.D.S. appointed 1.6.21 and Miss D. Simpson, Dental Attendant, appointed 4.7.21.

2. Vide Report 1920 - 2.

3. Hygienic Condition of Schools. (Extracted from Report of Building Surveyor).

Considerable improvements have been effected but the war has allowed many Voluntary Schools to fall much in arrear with repairs; Westhall, Blaxhall, Theberton, Knodishall and Helmingham have been this year transferred to the County Council.

Playgrounds - the surface in the majority of schools leaves much to be desired. The experiment of hard rolling down and twice tar spraying of the surface appears to be economically serviceable as the initial expenditure is so small compared with complete asphalt or tar paving.

Lighting particularly and ventilation create much work for the staff. Heating has been improved on economical methods, but much more requires to be done.

Sanitation is mostly by loose boxes over pails. Greater attention to cleanliness of above has frequently to be required, and the same in respect of lavatory basins.

I have to say in this respect that I believe if there were pointed out to teachers the desirability of the early teaching of personal hygiene, of impressing upon children the necessity of observing the requirements of cleanliness in the use of the "Offices" we should not only secure cleanly premises but it would be of great value to the children afterwards.

The inadequacy of cloakroom accommodation is considerable in Rural Schools. It adds greatly to the possibility of infection from clothing.

4. Vide Report 1920, 4.

5. Review of Facts disclosed by Routine Medical Inspection. The Tables appended will repay study. They are very complete. I emphasize a few points.

(a) Uncleanliness

Head verminous 3.8%)	} approximately half of 1920
Body verminous .5%)	

No comment is required on the tables relating to Minor Ailments, Tonsils and Adenoids, Tuberculosis, Skin Diseases, External Eye Diseases, Vision and Crippling Defects.

6. Vide Report 1920, 6.

7. Following Up. Vide Report 1920, 7.

From report of School Nurse -

Number of visits to schools	2015
" " " " homes, uncleanness	1102
" " " " " other conditions	1375
	<hr/> 2477 <hr/>

12 schools found free from vermin throughout the year
24 others " " " " " for greater part of year
42 schools had over 25% verminous.

This does not altogether represent the result of the work of the School Nurses. Attention is paid to a single nit found in the hair. There are no bad cases now.

Surprise Inspections by S.M. O's bear this out. The majority show 5%, and then 10%, 4(out of 30 schools) over that figure. It is somewhat difficult to arrive at the exact present percentage of verminous children. I put it at about 5% - a figure anticipated by me but delayed by the war.

8. Review of Methods employed or available for the Treatment of Defects. Vide Report 1920, 8.

Except for more precision in detail, there is no alteration. Considerable attention is given by the Committee to the contribution by parents towards the cost of treatment, liability for which has been assumed by the Committee. The results are good. It is exceptional for cases not to be treated. Those exceptions will be dealt with under the Children Act if proved necessary.

Defects of Vision. The Special Report of Dr. Atkinson will be forwarded in extenso to the Board. From his report the majority of cases are those which can be remedied by the supply of spectacles and those are obtained with few exceptions. Your medical officers have elaborated their methods to such a degree that most of the spectacles required can be obtained without the necessity of the parent and child travelling to the optician to be fitted - an instance of the interest the Officers take in their work.

Dental Work. The addition to the staff of a second Dental Officer has enabled the work asked for by the Board to be overtaken. The Dental Officer's report shows that the work is becoming more and more appreciated, but much education of parents is required before they realise that the work done is essentially preventive - preventive of further decay of teeth and consequent disease. It is frequently alleged that the charge of 1/- per sitting prevents treatment being obtained. Personally I believe that it might be more advisable to charge a Registration Fee of 1/- per child of the "group age" to include inspection and necessary treatment.

9. Vide Report 1920, 9.

10. Physical Training.

Seven classes for teachers have been conducted. Swimming was taught at 35 schools (22 new centres). Previous "land drill" is regarded as most essential. Country Dancing classes are practically universal. The School Medical Staff observe Physical Drill as opportunity arises and comment when advisable.

11, 12, 13, 14, 15, 16, 17, 18. Vide Report 1920.

19. Secondary Schools and Rural Pupil Teacher Centres. Vide Report 1920, 19, Dr. Sheila Bridgeford now inspects the girls. The prevalence of Flat Foot led to the advice of special exercises being adopted. The extension of the Dental Service is particularly advised in view of the dental condition in certain schools.

20, 21. Vide Report 1920, 20 - 21.

22. Dr. Boul conducted a special enquiry upon Rickets and this will be forwarded to the Board.

23. Vide Report 1920, 23.

East Suffolk County Education Committee.

Medical Inspection Return, 1921.
ELEMENTARY SCHOOLS.

TABLE I. Number of Children Inspected 1st January, 1921, to 31st December, 1921.

A. Routine Medical Inspection.

Age.				Entrants.					
				3.	4.	5.	6.	Other Ages.	Total.
Boys	...	...	...	23	166	531	246	254	1,220
Girls	...	...	...	18	110	539	284	211	1,162
Totals	...	...	...	41	276	1,070	530	465	2,382

Age.		Intermediate Group.	Leavers.			Other Ages.	Total.	Grand Total.
			8.	12.	13.	14.		
Boys	...	438	563	250	26	535	1,812	3,032
Girls	...	405	467	272	33	475	1,652	2,814
Totals	...	843	1,030	522	59	1,010	3,464	5,846

B. Special Inspections.

					Special Cases.	Re-examinations (<i>i.e.</i> , No. of Children Re-examined).
Boys	...	...	...	...	505	1,327
Girls	...	...	...	...	538	1,269
Total	...	...	...	...	1,043	*2,596

* In addition 624 second or subsequent re-examinations have been made during the year.

C. Total Number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases (no Child being counted more than once in One Year).

No. of individual Children Inspected.
8,546

TABLE II. Return of Defects found in the course of Medical Inspection in 1921.

Defect or Disease.				Routine Inspections.		Specials.	
				Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1.)				(2.)	(3.)	(4.)	(5.)
Malnutrition				—	78	1	11
Uncleanliness, Head				331	12	—	1
" Body				50	4	—	2
Skin	{	Ringworm, Head	*18	4	*53	3	
		" Body	2	1	2	—	
		Scabies	11	7	29	—	
		Impetigo	5	1	50	1	
		Other Diseases, Non-					
		Tubercular		7	5	13	5
Eyes	{	Blepharitis	18	5	15	1	
		Conjunctivitis	7	2	6	3	
		Keratitis	1	—	1	1	
		Corneal Ulcer	2	—	1	—	
		Corneal Opacities	—	—	—	—	
		Defective Vision	185	41	112	13	
Ear	{	Squint	24	9	19	3	
		Other Conditions	5	2	8	1	
		Defective Hearing	9	7	18	10	
		Otitis Media	21	11	26	3	
		Other Ear Diseases	—	1	3	—	
		Enlarged Tonsils	55	180	18	17	
Nose and Throat	{	" Adenoids	35	21	31	5	
		" Tonsils and Adenoids	85	24	45	8	
		Other Conditions	4	9	7	6	
		Enlarged Cervical Glands, Non-Tubercular	3	27	5	6	
Defective Speech				—	4	—	5
Heart and Circulation	{	Heart Disease—Organic	—	21	1	5	
		Functional	—	16	—	15	
		Anæmia	—	31	4	9	
Lungs	{	Bronchitis	—	39	1	12	
		Other Non-Tubercular Diseases	—	2	—	—	
		Pulmonary, Definite	4	—	9	—	
Tuberculosis	{	" Suspected	1	22	2	13	
		Non-Pulmonary	—	—	—	—	
		Glands	2	7	2	5	
		Spine	—	1	—	1	
		Hip	—	1	2	—	
		Other Bones and Joints	1	1	1	8	
		Skin	—	—	1	1	
Nervous System	{	Other Forms	—	5	2	4	
		Epilepsy	2	3	3	4	
		Chorea	1	1	1	3	
		Other Conditions	1	7	5	12	
Deformities	{	Rickets	—	1	—	—	
		Spinal Curvature	—	4	—	1	
		Other Forms	2	14	4	5	
Other Defects and Diseases				35	51	26	72

Number of individual children having defects which required treatment or to be kept under observation ... 2,162

NOTE.—Dental cases are not included in above Tables (see Table IV. D).

* In addition 262 cases of Ringworm (Head) were found by the School Nurses and referred for treatment, but are not included under number (2,162) of individual children having defects.

TABLE III. Numerical Return of all Exceptional Children in the Area in 1921.

			Boys.	Girls.	Total.
Blind (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools		1	—	1
	Attending Certified Schools for the Blind		5	3	8
	Not at School		2	3	5
Deaf and Dumb (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools		1	1	2
	Attending Certified Schools for the Deaf		11	4	15
	Not at School		2	3	5
Mentally Deficient.	Feeble-Minded.	Attending Public Elementary Schools	70	56	126
		Attending Certified Schools for Mentally Defective Children	—	—	—
		Notified to the Local Control Authority by Local Education Authority during the year ...	—	—	—
		Not at School	—	—	—
Mentally Deficient.	Imbeciles.	At School (or certified Institution)	5	3	8
		Not at School	13	10	23
		Notified to Local Control Authority during year ...	4	2	6
	Idiots.	Notified to Local Control Authority during year ...	—	—	—
Epileptics.	Attending Public Elementary Schools		17	7	24
	Attending Certified Schools for Epileptics		—	—	—
	In Institutions other than Certified Schools		—	—	—
	Not at School		5	4	9
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools	†9	16	25
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools	3	3	6
		Not at School	†9	13	22
Physically Defective.	Crippling due to Tuberculosis.	Attending Public Elementary Schools	21	17	38
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools	1	—	1
		Not at School	5	8	13
	Crippling due to other causes than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	64	51	115
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools	6	—	6
		Not at School	9	8	17
	Other Physical Defectives, e.g., delicate and other children suitable for admission to Open Air Schools, children suffering from severe heart disease.	Attending Public Elementary Schools	99	145	244
		Attending Open Air Schools ...	—	—	—
		Attending Certified Schools for Physically Defective Children other than Open Air Schools	—	—	—
		Not at School	37	46	83
Dull or Backward.	Retarded 2 years		726*	598	1324
	Retarded 3 years		175*	157	332

* Numbers given by Head Teacher.

† Definite cases only (suspected not included).

TABLE IV. Treatment of Defects of Children during 1921.

A. Treatment of Minor Ailments.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin—				
Ringworm—Head	†333	1	†332	†333
„ Body	4	—	4	4
Scabies	40	—	40	40
Impetigo	55	—	55	55
Minor Injuries	—	—	—	—
Other Skin Disease	20	—	20	20
Ear Disease	77	12*	27*	39*
Eye Disease (external and other) ...	64	—	38*	38*
Miscellaneous	1	—	—	—

* These figures include some cases referred for treatment in year 1920, but actually treated in year 1921. See footnote, Table V. (Summary of Treatment of Defects).

† This figure includes 262 cases of Ringworm (Head) found by School Nurses, and treatment recommended. Treatment was obtained.

B. Treatment of Visual Defect.

Number of Children.									
Referred for Refraction.	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for Treatment other than by Glasses.	Received other Forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
340	551*	16*	23*	590*	461	†299	9	5	120

* These figures include cases referred for refraction in year 1920, but actually refracted in year 1921. See footnote, Table V. (Summary of Treatment of Defects).

† In addition glasses were provided in year 1921 for 66 children who were refracted in year 1920.

C. Treatment of Defects of Nose and Throat.

Number of Children.				
Referred for Treatment.	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
	280	191*	222*		413*
				—

* These figures include some cases referred for treatment in year 1920, but actually treated in year 1921. See footnote, Table V. (Summary of Treatment of Defects).

D. Treatment of Dental Defects.

1. Number of Children dealt with.

	Age Groups.										Special.	Total.
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by Dentist ...	71	1525	2506	1319	530	442	437	352	314	59	18	7573
(b) Referred for treatment	35	609	1123	710	361	268	295	228	217	50	11	3907
(c) Actually treated* ...	8	274	656	486	223	207	180	138	124	31	11	2338
(d) Re-treated (result of periodical examination)				1								1

* Number of actually treated include some cases inspected by Dentist and referred for treatment in year 1920, but actually treated in year 1921. See footnote, Table V. (Summary of Treatment of Defects).

2. Particulars of Time given and of Operations undertaken.

Number of Half Days devoted to Inspection.	Number of Half Days devoted to Treatment.	Total number of Attendances made by the Children at the Clinic.	Number of Permanent Teeth.		Number of Temporary Teeth.		Total number of Fillings.	Number of Administrations of General Anesthetics included in (4) and (6).	Number of other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
1	2	3	4	5	6	7	8	9	10	11
134	464	2857	329	850	3236	978	1828	—	—	—

E. Treatment of Uncleanliness.

- (a) Average number of visits per annum made by the School Nurses to each School ... 8
- (b) Total number of examinations made of children by School Nurses in the year in the Schools—
Girls ... 67,759
Boys ... 59,607
127,366
- (c) Number of individual children found unclean ... 3,656
- (d) See Report for year 1920.
- (e) Record of legal proceedings under School Attendance Bye-Laws.

Total Number of Prosecutions—Cases for period 1.1.21 to 31.12.21.

50 cases all carried through successfully in respect of 69 children.

Fines inflicted ranging from 2s. 6d. to £1.

Total amount paid in fines, £21.

F. Treatment of all other Defects.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Enlarged Cervical Glands (non-Tubercular)	8	1*	9*	10*
Defective Speech	—	—	—	—
Heart and Circulation	Heart Disease—			
	Organic	1	—	—
	Functional	—	—	—
Lungs	Anæmia	4	4	4
	Bronchitis	1	1	1
	Other non-Tubercular Diseases	—	—	—
Tuber- culosis	Pulmonary—			
	Definite	13	13	13
	Suspected	3	3	3
	Non-Pulmonary—			
	Glands	4	4	4
	Spine	—	—	—
	Hip	2	2	2
	Other Bones & Joints	2	2	2
	Skin	1	1	1
	Other forms	2	2	2
Nervous System	Epilepsy	5	2	2
	Chorea	2	1	1
	Other conditions	6	1	1
Deformities	Rickets	—	—	—
	Spinal Curvature	—	—	—
Other Defects and Diseases	Other forms	6	3*	7*
	... ..	61	4*	55*
				59*

* These figures include some cases referred for treatment in year 1920, but actually treated in year 1921. See footnote, Table V. (Summary of Treatment of Defects).

- (b) See Report for year 1920.
- (c) Satisfactory, parents rarely refuse to obtain treatment when recommended.

TABLE V. Summary of Treatment of Defects as shown in Table IV. (A, B, C, D, and F, but excluding E.)

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	†594	13	†516	†529
Visual Defects	340	551	39	590
Defects of Nose and Throat	280	191	222	413
Dental Defects	3,907	2,338	105	2,443
Other Defects	121	8	104	112
Total	5,242	*3,101	*986	*4,087

† These figures include 262 cases of Ringworm (Head) found by School Nurses, and not by the Medical Officers as "Routine" or "Special" cases.

* These figures include some cases referred for treatment in year 1920, but actually treated in year 1921. See table below for actual numbers.

Minor Ailments ... ..	...	...	...	26
Visual Defects ... ..	...	...	...	289
Defects of Nose and Throat ... ..	...	...	...	250
Dental Defects ... ..	...	...	...	601
Other Defects ... ..	...	...	...	44
Total ... ..	...	...	...	1,210

TABLE VI. Summary relating to children medically inspected at the Routine Inspections during the year 1921.

(1)	Total number of children medically inspected at the Routine Inspections ...	...	...	...	...	+5,846
(2)	The number of children in above total suffering from—					
	Malnutrition	...	...	...	...	175
	Skin Disease	...	...	...	...	131
	Defective Vision (including Squint)	...	...	...	...	337
	Eye Disease	...	...	...	...	85
	Defective Hearing	...	...	...	...	57
	Ear Disease	...	...	...	...	70
	Nose and Throat Disease	...	...	...	...	1,143
	Enlarged Cervical Glands (Non-Tubercular)	...	...	...	...	447
	Defective Speech	...	...	...	...	49
	Dental Disease	...	...	...	...	2,759
	Heart Disease—					
	Organic ...	...	...	...	...	37
	Functional	...	...	...	...	64
	Anæmia ...	...	...	...	...	142
	Lung Disease (Non-Tubercular)	...	...	...	...	114
	Tuberculosis—					
	Pulmonary	{	Definite	...	...	4
			Suspected	...	...	23
	Non-Pulmonary	...	...	...	...	39
	Disease of the Nervous System	...	...	...	...	37
	Deformities	...	...	...	...	439
	Other Defects and Diseases	...	...	...	...	213
(3)	The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) ...					614*
(4)	The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.) ...					501*
(5)	The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.) ...					368*

+ "Specials" not included in above Table.

* Dental cases not included, see Table IV. D.

Medical Inspection Return, 1921. SECONDARY SCHOOLS.

The following tables do not apply to Secondary Schools:—

Table III., Table IV. D., Table IV. E.

TABLE I. Number of Children Inspected 1st January, 1921, to 31st December, 1921.

A. Routine Medical Inspection.

Age.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	Grand Totals.
Boys	1	1	3	16	19	29	46	73	98	95	50	31	12	—	—	474
Girls	1	1	3	11	24	27	44	83	113	100	76	43	37	8	3	574
Totals	2	2	6	27	43	56	90	156	211	195	126	74	49	8	3	1048

B. Special Inspections.

					Special Cases.	Re-examinations (<i>i.e.</i> , No. of Children Re-examined).
Boys	...	...	...	...	Nil.	—
Girls	...	...	...	...	Nil.	57
Total	...	...	...	...	Nil.	57

C. Total Number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases (no Child being counted more than once in One Year).

No. of individual Children Inspected.

1048

TABLE II. Return of Defects found in the course of Medical Inspection in 1921.

Defect or Disease.		Routine Inspections.		Specials.	
		Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1.)		(2.)	(3.)	(4.)	(5.)
Malnutrition	... ..	—	9		
Uncleanliness, Head	... ..	1	1		
„ Body	... ..	—	—	
Skin	{ Ringworm, Head	—	—		
	{ „ Body	1	—		
	{ Scabies	—	—		
	{ Impetigo	—	—		
	{ Other Diseases, Non-				
Eyes	{ Tubercular	1	—		
	{ Blepharitis	1	—		
	{ Conjunctivitis	—	—		
	{ Keratitis	—	—		
	{ Corneal Ulcer	—	—		
	{ Corneal Opacities	—	—		
	{ Defective Vision	19	24		
Ear	{ Squint	—	—		
	{ Other Conditions	1	1		
	{ Defective Hearing	—	1		
	{ Otitis Media	—	1		
	{ Other Ear Diseases	—	1		
Nose and Throat	{ Enlarged Tonsils	8	15		
	{ Enlarged Adenoids	2	3		
	{ Enlarged Tonsils and Adenoids	6	5		
	{ Other Conditions	—	1		
Enlarged Cervical Glands, Non-Tubercular		1	—		
Defective Speech		—	—		
Heart and Circulation	{ Heart Disease—				
	{ Organic	—	2		
	{ Functional	—	4		
	{ Anæmia	1	12		
Lungs	{ Bronchitis	—	1		
	{ Non-Tubercular Diseases	—	2		
	{ Pulmonary—				
	{ Definite	—	—		
Tuberculosis	{ Suspected	—	2		
	{ Non-Pulmonary—				
	{ Glands	—	—		
	{ Spine	—	—		
	{ Hip	—	—		
	{ Other Bones & Joints	—	—		
	{ Skin	—	—		
Nervous System	{ Other Forms	—	—		
	{ Epilepsy	—	—		
	{ Chorea	—	—		
	{ Other Conditions	—	—		
Deformities	{ Rickets	—	—		
	{ Spinal Curvature	—	2		
	{ Other Forms	1	3		
Other Defects and Diseases		14	12		

Number of individual children having defects which required treatment or to be kept under observation ... 146

TABLE IV. Treatment of Defects of Children during 1921.

A. Treatment of Minor Ailments.

Disease or Defect.				Number of Children.			
				Referred for Treatment.	Treated.		
					Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin	{ Ringworm, Head	...	...	—	—	—	—
	{ „ Body	...	...	1	—	1	1
	{ Scabies ...	...	...	—	—	—	—
	{ Impetigo	...	...	—	—	—	—
	{ Minor Injuries	...	...	—	—	—	—
	{ Other Skin Diseases	...	...	1	—	1	1
Ear Disease				...	—	—	—
Eye Diseases (External and other)				...	2	1	1
Miscellaneous				...	—	—	—

B. Treatment of Visual Defects.

Number of Children.									
Referred for Refraction.	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for Treatment other than by Glasses.	Received other forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
19	*48	*4	*3	*55	38	31	1	—	16

* These figures include cases referred for refraction in year 1920, but actually refracted in year 1921. See footnote, Table V. (Summary of Treatment of Defects).

C. Treatment of Defects of Nose and Throat.

Referred for Treatment.	Number of Children.			Received other Forms of Treatment.
	Received Operative Treatment.			
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Total,	
16	*7	*20	*27	—

* These figures include some cases referred for treatment in year 1920, but actually treated in year 1921. See footnote, Table V. (Summary of Treatment of Defects).

F. Treatment of all other Defects.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Enlarged Cervical Glands (non-Tubercular)	1	—	—	—
Defective Speech				
Heart and Circulation { Heart Disease—				
{ Organic				
{ Functional				
{ Anæmia	1	—	1	1
Lungs { Bronchitis				
{ Other non-Tubercular Diseases				
{ Pulmonary—				
{ Definite				
{ Suspected				
Tuber- { Non-Pulmonary—				
culosis { Glands				
{ Spine				
{ Hip				
{ Other Bones & Joints				
{ Skin				
{ Other Forms				
Nervous System { Epilepsy				
{ Chorea				
{ Other conditions				
Deformities { Rickets				
{ Spinal Curvature				
{ Other forms	1	—	—	—
Other Defects and Diseases ...	14	—	12*	12*

- (b) See Report for year 1920.
- (c) Satisfactory, parents rarely refuse to obtain treatment when recommended.

* These figures include some cases referred for treatment in year 1920, but actually treated in year 1921. See footnote, Table V. (Summary of Treatment of Defects).

TABLE V. Summary of Treatment of Defects as shown in Table IV. (A, B, C, and F).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwisc.	Total.
Minor Ailments	4	—	3	3
Visual Defects	19	48	7	55
Defects of Nose and Throat	16	7	20	27
Other Defects	17	—	13	13
Total	56	*55	*43	*98

* These figures include some cases referred for treatment in year 1920, but actually treated in year 1921. See table below for actual numbers.

Minor Ailments	—
Visual Defects	54
Defects of Nose and Throat	26
Other Defects	7
Total	<u>87</u>

Medical Inspection Return, 1921.
RURAL PUPIL TEACHER CENTRES.

The following do not apply ;—
Table III.
Table IV. A. (No cases under this Table were referred for treatment.)
Table IV. D.
Table IV. E.
Table IV. F. (No cases under this Table were referred for treatment.)

TABLE I. Number of Children Inspected 1st January, 1921, to 31st December, 1921.

A. Routine Medical Inspection.

Age.	11.	12.	13.	14.	15.	16.	17.	18.	19.	Grand Totals.
Boys ...	—	—	2	2	—	—	—	—	—	4
Girls...	5	10	16	40	36	30	23	4	1	165
Total	5	10	18	42	36	30	23	4	1	169

B. Special Inspections.

					Special Cases.	Re-examinations, (i.e., No. of Children Re-examined).
Boys	...	...	...	...	Nil.	Nil.
Girls	...	...	...	...	Nil.	24
Total	...	...	...	...	Nil.	24

C. Total number of Individual Children inspected by the Medical Officer, whether as Routine or Special Cases (no child being counted more than once in one year).

No. of Individual Children Inspected.
169

TABLE II. Return of Defects found in the course of Medical Inspection in 1921.

Defect or Disease.			Routine Inspections.		Specials.	
			Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)	(2)	(3)	(4)	(5)		
Malnutrition		1				
Uncleanliness, Head						
" Body						
Skin	{ Ringworm, Head					
	" Body					
	{ Scabies					
	{ Impetigo					
	{ Other Diseases, Non-Tubercular					
Eyes	{ Blepharitis					
	{ Conjunctivitis					
	{ Keratitis					
	{ Corneal Ulcer					
	{ Corneal Opacities					
Ear	{ Defective Vision	8	3			
	{ Squint					
	{ Other Conditions					
	{ Defective Hearing					
	{ Otitis Media					
Nose and Throat	{ Other Ear Diseases					
	{ Enlarged Tonsils	2	3			
	{ Enlarged Adenoids					
	{ Enlarged Tonsils and Adenoids	1	1			
Enlarged Cervical Glands, Non-Tubercular	{ Other Conditions					
	{ Tubercular					
	{ Defective Speech					
	{ Heart Disease—Organic					
	{ Functional					
Lungs	{ Anæmia		6			
	{ Bronchitis					
	{ Other Non-Tubercular Diseases			1		
Tuberculosis	{ Pulmonary					
	{ Definite					
	{ Suspected					
	{ Non-Pulmonary—					
	{ Glands					
	{ Spine					
	{ Hip					
Nervous System	{ Other Bones & Joints					
	{ Skin					
	{ Other Forms					
Deformities	{ Epilepsy					
	{ Chorea					
	{ Other Conditions					
Other Defects and Diseases	{ Rickets					
	{ Spinal Curvature			1		
	{ Other Forms			1		
				15		

Number of individual children having defects which required treatment or to be kept under observation ... 46

TABLE IV. Treatment of Defects of Children during 1921.

B. Treatment of Visual Defect.

Number of Children.									
Referred for Refraction.	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for Treatment other than by Glasses.	Received other forms of Treatment	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
8	7*	1*	1*	9*	7	5	—	—	2

* These figures include some cases referred for Refraction in year 1920, but actually refracted in year 1921. See footnote, Table V. (Summary of Treatment of Defects).

C. Treatment of Defects of Nose and Throat.

Referred for Treatment.	Number of Children.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Total.	
3	1	—	1	—

TABLE V. Summary of Treatment of Defects as shown in Table IV. (B and C).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments				
Visual Defects	8	7	2	9
Defects of Nose and Throat	3	1	—	1
Other Defects				
Total	11	8*	2*	10*

* These figures include some cases referred for treatment in year 1920, but actually treated in year 1921. See Table below for actual numbers.

Visual Defects	6
Defects of Nose and Throat	—
Total	6

TABLE VI. Summary relating to Children Medically Inspected at the Routine Inspections during 1921.

(1) Total number of children medically inspected at Routine Inspections	169*
(2) The number of children in above total suffering from :—	
Malnutrition... ..	1
Skin Disease	3
Defective Vision (including Squint)	20
Eye Disease	1
Defective Hearing	—
Ear Disease	2
Nose and Throat Disease	21
Enlarged Cervical Glands (Non-Tubercular)	13
Defective Speech	—
Dental Disease	76
Heart Disease, Organic	2
„ „ Functional	3
Anæmia	24
Lung Disease (Non-Tubercular)	1
Tuberculosis—	
Pulmonary, Definite	—
„ „ Suspected	—
Non-Pulmonary	—
Diseases of the Nervous System	1
Deformities	15
Other Defects and Diseases	30
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	35
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.) ...	11
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.)	4

* All Scholars are examined as "Routine" each year.

EAST SUFFOLK COUNTY EDUCATION COMMITTEE.

Report on Refraction Work (Defects of Vision).

The arrangements for examination and the provision of spectacles remain the same as detailed in last year's report. Full frame measurements are now carried out by the medical officers so that, in cases of children living at a distance from the appointed optician, a journey for fitting is avoided. In addition to those recently fitted I endeavour to see at each routine inspection all children wearing glasses. Many badly bent frames can be corrected on the spot and advice given as to repair of those seriously damaged. The wearing of glasses in such a dirty condition as seriously to impair their value is still too common and vigilance on the part of teachers is constantly necessary.

Although a considerable number of parents fail to obtain the glasses advised, an increasing number recognise the value of the examination and make special request in cases of headache and suspected eye strain.

An effect of the war is seen in the number of children with practically blind squinting eyes for whom it is now too late to provide glasses. The importance of care on the part of Infant Teachers in reporting slight and transient squints for early examination cannot be too strongly urged.

The following are the results of refractions carried out in 606 cases during the year, shown in percentage:-

Hypermetropia	32.0
Hyper. Astigmatism	23.1
Myopia	16.5
Myop. Astig.	14.0
Mixed. Astig.	5.4
Marked Anisometropia	1.8
Emmetropia	5.2
Opacities	2.0
	<hr/>
	100.0
	<hr/>

(Signed) A. G. ATKINSON,
M.D.
Assistant School Medical
Officer.

questioned as to the method adopted of rearing each particular child.

By far the most prominent sign observed was the deformity of the cranium. This occurred in 69 of the 100 cases examined and almost always consisted of an enlargement and protrusion of the frontal bones making the head look larger and squarer. With regard to this apparent enlargement of the head, the simple head measurements of the 100 cases were taken and compared with the simple head measurements of 100 normal children of the same ages child for child. The result may be seen in the following table:-

Simple Cranial Measurement.	With Rickets.	Normal.
19 inches	4%	2%
19.5 "	12%	9%
20 "	8%	21%
20.5 "	12%	22%
21 "	45%	37%
21.5 "	5%	9%
22 "	3%	0%
22.5 "	1%	0%
	100%	100%

This seems to show us -

(1) That the measurements are more irregular; they do not show the regular increase to 21 and decrease after that number shown by normal children.

(2) That the heads of rickety children are slightly larger than those of normal children, for whereas in the rickety children 52% have measurements of 21 inches or more, in the normal children only 46% attain this size.

The child whose head measures 22.5 inches is a very bad case of Rickets but mentally, as far as can be ascertained, normal. He was 8 years old only and was tested by Binet's Method of Mental Deficiency with normal results.

The more prominent signs of the disease observed after cranial deformities were those of the chest and limbs. 58% showed Harrison's Sulcus, mostly in slight degrees and 58% were pigeon breasted. 56% had deformities of the extremities mostly of the Tibiae. Some of the cases were considerably stunted as regards height, in all 27% being classified as being below the normal standard.

Bronchitis.

Some investigation was carried out with regard to the frequency of this complaint as a complication. Many of the parents informed me that their children had suffered badly in infancy from the disease, the information being particularly forthcoming in cases of chest deformity, pigeon breast and Harrison's sulcus, and is probably due to the fact that the ribs when soft had not the power to assist the lungs to expel the secretion of the Bronchioles. With regard to the presence of Bronchitis at the time of the examination, i.e. at varying ages from 5-14 years, 27% of the children examined either had definite signs of Bronchitis in the chest or complained that they

suffered in the colder months of the year. Again this was most marked in the case of chest deformities, 21 of the cases being in this class. Apparently the weakness set up during infancy whilst the disease is at its height is still manifest in later years.

Adenoids.

The presence of Adenoids in association with Rickets is clearly shown, 26% of the cases having been affected sufficiently to merit an operation for the removal of these growths. In addition, some 7 or 8 of the remaining children had signs of adenoids in infancy.

Most cases of Rickets seemed to occur in moderately large families as shown in the following table:-

Incidence of Disease compared with No. of children in family.	Percentage.
1 child	1%
2 children	17%
3 "	6%
4 "	12%
5 "	26%
6 "	24%
7 "	12%
	98%

1 case in a family of 9 and 1 in a family of 12.

This seems to bear out the accepted theory of the causation of the disease as due to food deficiency and general lack of attention.

With regard to the position of the child examined, the following table should be studied. I do not see that much information can be derived from this as the maximum number of cases appear in the first 3 children although this is but natural as families of 1, 2, or 3 children are considerably more common than larger ones:-

Incidence of Disease compared with position of case in family.	Percentage.
1st child	18%
2nd "	20%
3rd "	19%
4th "	16%
5th "	13%
6th "	9%
7th "	3%
8th "	0%
9th "	1%
1 child being the 11th.	99%

On the whole the cases are very evenly distributed down the scale.

Family History.

30% of the cases had a definite family history, more usually of other children in the family having suffered from the disease but occasionally the parents had been attacked when young. One family had all 4 children affected, two families 3 children, and three families 2 children. In all these cases, however, there was some factor (to be explained later) which was extremely prejudicial to the health of the whole family.

Health of Mother during Pregnancy and after.

This is necessarily a rather vague inquiry as it is quite conceivable that many parents had forgotten in what state of health they were in at this time so many years ago. However, 14% spoke without questioning of very bad health (Anaemia and Debility, Dyspepsia and kindred disorders) and 16% stated that their health was of a poor standard.

We now come to the actual method adopted as to the feeding of the child during the first year of life:-

1. Children reared entirely on bottle for 1st year	60%
2. " " partially " " " "	24%
3. " " entirely on breast	16%
	100%

(1) Of the 1st class the children were fed mostly upon Cows' milk, Neave's food, Robinson's Patent Groats or Barley, Nestle's Milk, Malted Milk, and Glaxo, and in several cases had been given Meat (one case only) bread and potatoes in the first few months of life.

(2) Of the 2nd class, 90% had been weaned at from 4-5 months and then their feeding carried on as in the former group.

(3) Of the 3rd class, 16% had breast milk only but of these none had been weaned under 1 year of age, 5 at 1 3/12ths, and 1 even as late as 2 years.

We notice then in this enquiry that not one child out of the 100 was fed efficiently on the breast. It is very hard to draw a limit as to efficient bottle feeding, but of the breast fed children it seems quite permissible to believe that had they been weaned at 9 months, rickets would not have developed.

We now come to the question of open air, ventilation, and overcrowding. Taken as a whole there is very little to be said but it must be remembered that most of the cases are country children whose parents are engaged in agriculture, a very different class to the poorer children of a large town where overcrowding &c. must be a very marked feature.

Eruption of First Teeth.	Percentage.
5 months	3%
6 "	13%
7 "	9%
8 "	16%
9 "	12%
10 "	6%
11 "	6%
12 "	23%
13 "	3%
14 "	6%
15 "	2%
2 years	1%
	100%

The eruption of teeth, therefore, appears much later than is normal.

Commencement of Walking.	Percentage.
9 months	6%
10 "	0%
11 "	3%
12 "	5%
13 "	2%
14 "	10%
15 "	10%
16 "	0%
17 "	3%
18 "	16%
19 "	5%
20 "	9%
21 "	12%
22 "	3%
23 "	2%
24 "	4%
26 "	4%
3 years	6%
	100%

As a general rule, therefore, we see that a number of these children commenced to walk at a later age than normal.

Distribution of Rickets in East Suffolk.

With regard to the distribution of the disease in this County there is little worthy of note.

I have before me the list of towns and villages in which the 439 cases notified were discovered. One fact apparent is the greater number of cases in Lelston and Becoles, in some degree understandable, especially in the former place being practically the only town in the County given over to manufacturing works. Also to a lesser extent the number of cases in Laxfield, a place in which in my opinion are to be found a very considerable number of weak and defective children. In the smaller villages the cases are very evenly distributed with, I think, a greater proportion in the inland villages than in those bordering upon the Coast. This may be more particularly noticed in the North of the County between Yarmouth and Southwold and is probably due to the better feeding of the children whose parents are engaged in fishing.

(Signed) W. F. G. BOUL,
M.B., Ch.B.,
Assistant Medical Officer,
East Suffolk County Education Committee.

Becoles,
21st December, 1921.

